

15M

EPSTD
Screening Date

2 0 0

Member
ID#

- -

15 Month Visit

Name _____ Birth Date _____ Historian _____

Age _____ Allergies _____ Medications _____

Weight _____ lbs. _____ oz. Length _____ inches Head circ. _____ cm Temp. _____ T R

Nutrition

Whole milk yes no
Weaned from bottle? yes no
Appetite: good variable picky
fruits _____
veggies _____
meats _____

Water: city well spring bottled
WIC: Yes No

History Update

Are there any changes in your family history?

No Yes _____

Has the patient had any new problems or illnesses since the last visit?

No Yes _____

Problems / Parental Concerns

Hearing/Speech

Hears well ? yes no
Says 3-6 words yes no

Vision:

Notices small objects yes no

Developmental Screen*

normal abnormal

Lead Risk Factors* yes no

TB Risk Factors* yes no

IPPD result _____

Lab Tests

Hgb(if not done at 9 mo) _____

Lead level _____

*see separate form

Physical Exam (UNCLOTHED Yes No) ✓ = nl X = abnl

General ☐
Head ☐
Fontanel ☐
Neck ☐
Eyes ☐
Red reflex ☐
Alignment ☐
Ears ☐
Nose ☐
Throat/Mouth ☐
Lungs ☐
Heart ☐
Abdomen ☐
Femoral Pulses ☐
Genital ☐
Female ☐
Male ☐
Testes ☐
Extremities ☐
Hips/Gait ☐
Spine ☐
Skin ☐
Neuro ☐

Safety

- ☐ Car seat, facing forward if > 20#
- ☐ Smoke detectors, no smoking in home
- ☐ Hot water < 120 degrees
- ☐ Child proof home
- ☐ Syrup of Ipecac, Poison Control #
- ☐ Water safety, supervise bath
- ☐ Close supervision
- ☐ Sun exposure

Health/Nutrition

- ☐ Weaned from bottle?
- ☐ Whole milk until age two
- ☐ Limit juice, milk intake
- ☐ Picky appetites, self feeding
- ☐ Offer variety of foods
- ☐ Choking prevention
- ☐ Brushing teeth

Social/Behavioral

- ☐ Set consistent limits, discipline
- ☐ Praise good behavior
- ☐ Sleep, bedtime routine
- ☐ Talk, read to child
- ☐ Day care, pre-school
- ☐ Family

Impression

- ☐ Well Child, normal growth and development

Plan/Referrals

- ☐ MMR, Hib, DTaP, IPV, Varicella, PCV-7
- ☐ Vaccine Information Sheet
- ☐ Acetaminophen _____ mg. q 4 hrs.
- ☐ Fifteen month Handout sheet
- ☐ RTC at 18 months
- ☐ Fluoride gts. 0.25 mg daily
- ☐ Vitamin Drops with Iron

M.D. / P.N.P.

- ☐ See back for additional documentation

Provider
ID#

1 2 3 4 5 6 7 8 9 10